

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Collins For Senator

Full Name (Last, First, Middle Initial) <b>A. Rayes, Patrick, O., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2019	
Mailing Address P.O.Box 195429				
City Dallas	State TX	Zip Code 75219-8607	FEC Identification Number C	
Purpose of Disbursement Refund: Refund of contribution over limit		010	Amount of Each Disbursement this Period 800.00	
Candidate Name		Category/ Type	Transaction ID : B9971BA3195AE480BDBB	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	
State:	District:			
Full Name (Last, First, Middle Initial) <b>B. Shillman, Robert, , Mr.,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2019	
Mailing Address PO Box 676267				
City Rancho Santa Fe	State CA	Zip Code 92067-6267	FEC Identification Number C	
Purpose of Disbursement Refund: Refund of Contribution over limit		010	Amount of Each Disbursement this Period 2700.00	
Candidate Name		Category/ Type	Transaction ID : B592A9BB4636546EC844	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	
State:	District:			
Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address				
City	State	Zip Code	FEC Identification Number C	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	<input type="checkbox"/> Memo Item	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶			3500.00	
<b>TOTAL</b> This Period (last page this line number only).....▶			12500.00	